



TEXAS
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Texas Department of State
Health Services

TxEVER – Pilot Testing How-To Fee/Remote Issuance

Provider Readiness and Training

Agenda

This presentation covers the following:

1. Fee Module

- a. Paper Inventory
- b. Fee Registration
 - i. Record Found
 - ii. Record Not Found



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Fee Module – Paper Inventory

[Skip to main content](#) **GLOBAL** **BIRTH** **DEATH** **FEE** [LogOut](#)

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FUNCTIONS **REPORTS** **TOOLS** **CONFIGURATION** **HELP**

GAETAN CARPENTIER , welcome to the Texas Department of State Health Services!

1

- [Utilities](#)
- [Import](#)
- [Extract File Downloader](#)
- [Local Registrar Paper Inventory](#)

[Show Dashboard](#)




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Fee Module – Paper Inventory

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[FUNCTIONS](#) [RECORD](#) [REPORTS](#) [TOOLS](#) [HELP](#) 

LOCAL REGISTRAR PAPER INVENTORY

2

Form Type: *

Vendor Name: *

Starting Control #: *

Ending Control #:

On Hand:

Local Registrar: *

Ship Date: *

Box #: *

Quantity: *

Form Type:

Form Type Dropdown:

- LETTER
- BIRTH BASINETTE HEIRLOOM
- BIRTH FLAG HEIRLOOM
- HEIRLOOM WEDDING ANNIVERSARY
- LETTER
- LONG
- SHORT

Type	Form Name	Ship Date	Quantity	Logged In Location
------	-----------	-----------	----------	--------------------



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Fee Module – Paper Inventory

The screenshot displays a web-based form for 'Fee Module – Paper Inventory'. The form contains several fields and a 'Save' button. Numbered callouts (3, 4, 5, 6) highlight specific areas:

- Callout 3:** Points to a dropdown menu at the top right, currently showing '--Select a value--' and a list item 'REGISTRAR - CITY OF HOUSTON'.
- Callout 4:** Points to the 'Local Registrar: *' dropdown menu, which also shows '--Select a value--'.
- Callout 5:** Points to a group of three input fields: 'Starting Control #: *', 'Ending Control #:', and 'On Hand:'. The 'Starting Control #' field is highlighted with a red box.
- Callout 6:** Points to the 'Save' button, which is highlighted with a red box.

Other visible fields include:

- Form Type: *** (dropdown menu, currently 'LETTER')
- Vendor Name: *** (text input, currently 'AMERICAN BANKNOTE CORP')
- Ship Date: *** (text input, currently '___/___/___')
- Box #: *** (text input)
- Quantity: *** (text input)



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Fee Module – Paper Inventory

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Form Type:

Local Registrar:

Type	Form Name	Ship Date	Quantity	Start Control #	End Control #	Vendor Name	Box #	Logged In Loc
DEPOSIT	LETTER	09/13/2018	1000	QA21122	QA22121	AMERICAN BANKNOTE CORP	15	




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Fee Module – Fee Registration

[Skip to main content](#) [GLOBAL](#) [BIRTH](#) [DEATH](#) [FETAL DEATH](#) [ITOP](#) [FEE](#) [MARRIAGE](#) [ADOPTION REGISTRY](#) [IMAGING](#) [LogOut](#)

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[Home](#)
[Fee Registration](#)
[Fee User Work Queue](#)
[AR Registration](#)
[AR Payment](#)
[AR Invoice Generation](#)
[DFPS Search and Order](#)
[DFPS Print](#)
[RFQ Search](#)
[Print DCOA Batch](#)
[Switch Location](#)
[Exit Application](#)

[Show Dashboard](#)



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Fee Module – Fee Registration

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📍 | 👤 | 🏠 | [LogOut](#)

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New Request

New Transaction

Search Transactions



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Fee Module – Fee Registration

[Skip to main content](#) GLOBAL BIRTH DEATH FEE Log Out

TEXAS Health and Human Services Texas Department of State Health Services FUNCTIONS RECORD REPORTS TOOLS HELP

Request #: Request Date: Request Total Cost(\$): Request Balance(\$): **NEW REQUEST** Event Number: Work Order:

Help tips

REQUESTOR INFORMATION

Request Type: Accounts Receivable:
Other: Rent Number:
First Name: Middle Name:
Last Name: Suffix:
No Return Address Provided: ☐
Address 1: Address 2:
State/Country: City/Town:
(Click checkbox to filter foreign countries only?) ☐ Zip Ext:
Zip: Phone:
Email: Requestor is Minor? ☐

Priority Comment: ☐

IDENTITY INFORMATION

Form ID #1:
Other Form ID #1:
Form ID #1 Info:
Form ID #2:
Other Form ID #2:
Form ID #2 Info:
[Show Document](#)

[Save Request](#)

TRANSACTION INFORMATION

Status	Transaction	Amount(\$)	Adjusted Amount(\$)	SPN	Requester's Name

[Add New](#) [Edit](#) [Refund/Adjustment](#) [Delete](#) [Void](#) [Find Record](#) [Print](#) [Add DCN](#) [Add Letter](#)

PAYMENT INFORMATION

Payment Date	Payment Period	Payment Type	Reference #	Amount(\$)	Receipt #	Payer's Name	Comment

[Add New](#) [Edit](#) [Delete](#) [Re-assign](#) [Receipt](#)

SHIPPING INFORMATION

Shipping Method	Shipping Address	Enclosure	Note	Tracking No.

[Add New](#) [Edit](#) [Delete](#)

[Windows Download](#) [Apple Download](#)

CONTRACTOR: Waiting

Current Date: 18-Sep-2018 | Build Number: 2.0.0.0 ©2017 | [Genetix Systems, Inc.](#)

Fee Module – Fee Registration Navigation



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Request #: Request Date: Request Total Cost(\$): Request Balance(\$):

NEW REQUEST

Remit Number: Work Queue:

Help tips



Create a new request



Search for an existing request



Save the current request



Cancel the current request



Delete a request



Complete request



Clone a request



Suspend a request

RECORD ▾ REPORTS ▾

[New](#)

[Search](#)

[Save](#)

[Cancel](#)

[Delete Request](#)

[Complete Request](#)

[Clone](#)

[Print ALL](#)

[Suspend](#)

[Open](#)

[Transaction Complete](#)

[Complete Transaction Copy](#)



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Fee Module – Fee Registration

REQUESTOR INFORMATION		IDENTITY INFORMATION	
Request Type: *	--Select a value--	Accounts Receivable:	--Select a value--
Other:	<input type="text"/>	Remit Number: *	<input type="text"/>
First Name:	<input type="text"/>	Middle Name:	<input type="text"/>
Last Name: *	<input type="text"/>	Suffix:	--SELECT A VALUE--
No Return Address Provided:	<input type="checkbox"/>	Address 2:	<input type="text"/>
Address 1: *	<input type="text"/>	City/Town:	<input type="text"/>
State/Country: *	<input type="checkbox"/> --Select a value--	Zip Ext:	<input type="text"/>
(Click checkbox to filter foreign countries only)?		Phone:	() - -
Zip:	<input type="text"/>	Requestor is Minor?	<input type="checkbox"/>
Email:	<input type="text"/>		
Priority Comment:		Show Document	
<input type="checkbox"/>	<input type="text"/>	Save Request	



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Fee Module – Fee Registration

1

TRANSACTION INFORMATION					
Status	Transaction	Amount(\$)	Adjusted Amount(\$)	SFN	Registrant's Name

2

Add New

Edit

Refund/Adjustment

Delete

Void

Find Record

Print

Add DCN

Add Letter



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Fee Module – Fee Registration

PAYMENT INFORMATION

Payment Date	Payment Posted	Payment Type	Reference #	Amount(\$)	Receipt #	Payer's Name	Comment
--------------	----------------	--------------	-------------	------------	-----------	--------------	---------

Add New

Edit

Delete

Re-assign

Receipt

SHIPPING INFORMATION

Shipping Method	Shipping Address	Encloses	Note	Tracking No
-----------------	------------------	----------	------	-------------

Add New

Edit

Delete



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Fee Module – Fee Registration



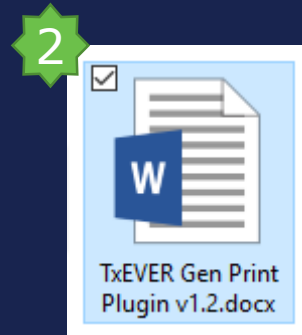
[Windows Download](#) [Apple Download](#)

GEN PRINT PLUGIN: 0.0.0

CONNECTION: WAITING

Current Date: 18-Sep-2018 | Build Number: 2.0.0.0

©2017 | [Genesis Systems, Inc.](#) 





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Fee Module – Fee Registration New Request

Step-by-step How-to on creating a new request for Fee Registration, aka Remote Issuance



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Fee Module – Remote Issuance

1

Request Type: *

COUNTER

Accounts Receivable: --Select a value--

Other:

Remit Number:

First Name:

TIM

Middle Name:

Last Name: *

JONES

Suffix:

III

No Return Address Provided: ☐

Address 1: *

123 MAIN BLVD

Address 2:

State/Country: ☐
(Click checkbox
to filter foreign
countries only)?

TEXAS

City/Town:

HOUSTON

Zip Ext:

Phone:

() -

Zip: *

77001

Requestor is Minor? ☐

Email:

2



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Fee Module – Remote Issuance

3

IDENTITY INFORMATION

Form ID #1: * --Select a value--

Other Form ID #1:

Form ID #1 Info:

Form ID #2: --Select a value--

Other Form ID #2:

Form ID #2 Info:

Show Document

4

DEBIT CARD WITH PHOTO
DMV ID CARD
DRIVER'S LICENSE
EMPLOYER IDENTIFICATION CARD
MILITARY ID
NATURALIZATION PAPERS
PASSPORT
SCHOOL ID
STATE ISSUED PHOTO ID
TRANSPORTATION CARD WITH PHOTO
VOTER'S REGISTRATION CARD
OTHER
NO ID

5

Save Request



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Fee Registration

Request saved successfully.

OK

REQUESTOR INFORMATION		IDENTITY INFORMATION	
Request Type: *	COUNTER	Accounts Receivable:	--Select a value--
Other:		Remit Number:	
First Name:	MISTER	Middle Name:	
Last Name: *	TEST MAN	Suffix:	--SELECT A VALUE--
No Return Address Provided:	<input type="checkbox"/>		
Address 1: *	4 THIS ADDRESS	Address 2:	
State/Country: *	TEXAS	City/Town:	HOUSTON
(Click checkbox to filter foreign countries only?)		Zip Ext:	
Zip: *	77001	Phone:	() - -
Email:		Requestor is Minor?	<input type="checkbox"/>
<div>Add/View Comments</div>		<div>Show Document</div>	
		<div>Save Request</div>	



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TRANSACTION INFORMATION

Status	Transaction	Amount(\$)	Adjusted Amount(\$)	SFN	Registrant's Name
--------	-------------	------------	---------------------	-----	-------------------

Add New **Edit** **Refund/Adjustment** **Delete** **Void** **Find Record** **Print** **Add DCN** **Add Letter**



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Fee Module – Remote Issuance

Transaction Information

TRANSACTION INFORMATION

Transaction Category: *
--Select a value--

Transaction Type: *
--Select a value--

Requestor Relationship: *
--Select a value--

Transaction Reason: *
--Select a value--

Transaction Reason - Other:

Quantity: Cost:

Transaction Comments:

Gift Number:

☐ Courtesy Letter

Transaction Category: *

--Select a value--

- BIRTH
- DEATH
- DIVORCE
- FETAL DEATH
- MARRIAGE

8

Transaction Reason: *

--Select a value--

- DRIVING LICENSE
- OTHER
- SCHOOL
- TRAVEL

9

Requestor Relationship: *

--Select a value--

- ADULT CHILD OF REGISTRANT
- ADULT SIBLING OF REGISTRANT
- FATHER OF REGISTRANT
- GENERAL PUBLIC
- GRANDPARENTS OF REGISTRANT
- LEGAL GUARDIAN OF REGISTRANT
- LEGAL REPRESENTATIVE
- MOTHER OF REGISTRANT
- REGISTRANT (SELF)
- SPOUSE OF REGISTRANT
- OTHER (DIRECT AND TANGIBLE INTEREST)

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Transaction Information

TRANSACTION INFORMATION

Transaction Category: *
--Select a value--

Requestor Relationship: *
--Select a value--

Department Assign: *
--Select a value--

☐ Courtesy Letter
☐ Issued From Paper
☐ Veteran Benefits
☐ Birth Verification
☐ No Fee

Transaction Type: *
--Select a value--

Transaction Reason: *
--Select a value--

Quantity: *
--Select a value--

Transaction Comments:
--Select a value--

Gift Number:
--Select a value--

Upload Document Scan Document

Save Cancel

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13

11

Department Assign: *
--Select a value--
SPECIAL ISSUANCE-CENTRAL PRINT ROOM

Transaction Type: *
--Select a value--
BIRTH LEGAL SIZE
BIRTH LONG
BIRTH SHORT



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Fee Module – Remote Issuance

Transaction Information

TRANSACTION INFORMATION

Transaction Category: *
--Select a value--

Requestor Relationship: *
--Select a value--

Department Assign: *
--Select a value--

☐ Courtesy Letter
☐ Issued From Paper
☐ Veteran Benefits
☐ Birth Verification
☐ No Fee

Transaction Type: *
--Select a value--

Transaction Reason: *
--Select a value--

Transaction Reason - Other:

Quantity: *

Cost:

Transaction Comments:

Gift Number:

Fee Registration

Transaction saved successfully.

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Fee Module – Remote Issuance

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TRANSACTION INFORMATION					
Status	Transaction	Amount(\$)	Adjusted Amount(\$)	SFN	Registrant's Name
SEARCHABLE	BIRTH-BIRTH SHORT	0.00	0.00		

< >

Add New Edit Refund/Adjustment Delete Void Find Record Print Add DCN Add Letter



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Fee Module – Remote Issuance

TRANSACTION INFORMATION					
Status	Transaction	Amount(\$)	Adjusted Amount(\$)	SEN	Registrant's Name
SEARCHABLE	BIRTH-BIRTH SHORT	0.00	0.00		

Add New Edit Refund/Adjustment Delete Void Find Record Print Add DCN Add Letter

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Fee Module – Remote Issuance Record Found



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Fee Record Search

☒ Wildcard Search ☐ Soundex Search

BIRTH REQUESTED INFORMATION

Registrant First Name:

Registrant Middle Name:

Registrant Last Name:

Registrant Suffix:

Registrant Sex:

Registrant Date of Birth:

Registrant County of Birth:

Mother First Name:

Mother Middle Name:

Mother Maiden Name:

Father Last Name:

Father First Name:

Father Middle Name:

Father Suffix:

SFN:

Mother Last Name:

Father Middle Name:

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SEARCH INFORMATION

SFN	First Name	Middle Name	Last Name	Suffix	Sex	County of Event	Event Date	Mother



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Fee Module – Remote Issuance

Fee Record Search

☒ Wildcard Search ☐ Soundex Search

BIRTH REQUESTED INFORMATION

Registrant First Name: JAMES

Registrant Middle Name:

Registrant Suffix: --SELECT A VALUE--

Registrant Sex: --Select a value--

Registrant Date of Birth: 09/12/2018

Registrant County of Birth: --Select a value--

Registrant City of Birth: --Select a value--

Mother First Name:

Mother Middle Name:

Mother Last Name:

Mother Maiden Name:

Father First Name:

Father Middle Name:

Father Last Name:

Father Suffix: --Select a value--

21

Fee Registration

Record assigned successfully.

OK **22**

Search View **Assign** Clear Cancel

20

SEARCH INFORMATION

SFN	First Name	Middle Name	Last Name	Suffix	Sex	County of Event	Event Date	Mother
0004052018	JAMES	GRAY	PHILP	III	MALE	HARRIS	09/12/2018	LUCAS



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Fee Module – Remote Issuance

TRANSACTION INFORMATION

Status	Transaction	Amount(\$)	Adjusted Amount(\$)	SFN	Registrant's Name
READY TO PRINT	BIRTH-BIRTH SHORT	0.00	0.00	0004052018	JAMES GRAY PHILP

< >

Add New Edit Refund/Adjustment Delete Void Find Record Print Add DCN Add Letter

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Fee Module – Remote Issuance

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FILE NO. 000405-2018

NAME: JAMES GRAY PHILP III

DATE OF BIRTH: 09-12-18

SEX: MALE

PLACE OF BIRTH: HARRIS COUNTY, TEXAS

FATHER: JAMES GRAY PHILP JR.

MOTHER: LUCERITO GUTIERREZ

DATE FILED: 09-19-2018 I

000015050

GAE

Sep 20 2018



JOHN HELLERSTEDT, MD
COMMISSIONER

TEXAS DEPARTMENT OF STATE HEALTH SERVICES

P.O. Box 149347 • Austin, Texas 78714-9347
1-888-963-7111 • <http://www.dshs.state.tx.us>
TDD: 512-458-7708

September 20, 2018

MISTER TEST MAN
4 THIS ADDRESS
HOUSTON TEXAS 77001

RE: JAMES GRAY PHILP III

Born 09/12/2018
in HARRIS.
Cert 0004052018
Req. 09/19/2018 \$0.00

Dear Customer:

Thank you for contacting the Vital Statistics Unit. We have received and processed your request regarding the record identified above.

Enclosed is a certified copy (s) of the record as presently on file in our office with the official "raised" State of Texas seal.

My telephone number and email address are listed below my name if you need any further assistance. Please do not hesitate to contact me.

Sincerely,

GAETAN CARPENTIER

Vital Statistics

Phone:

Email: gaetan.carpentier@dshs.texas.gov

An Equal Employment Opportunity Employer



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TRANSACTION INFORMATION					
Status	Transaction	Amount(\$)	Adjusted Amount(\$)	SFN	Registrant's Name
PRINTED	BIRTH-BIRTH SHORT	0.00	0.00	0004052018	JAMES GRAY PHILP
SEARCHABLE	BIRTH-BIRTH SHORT	0.00	0.00		

Buttons: Add New, Edit, Refund/Adjustment, Delete, Void, Find Record, Print, Add DCN, Add Letter

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DCN

Please scan/enter the Security Paper DCN barcode.

Save Cancel

Status	Transaction	Amount(\$)	Adjusted Amount(\$)	SFN	Registrant's Name
PRINTED	BIRTH-BIRTH SHORT	0.00	0.00	0004052018	JAMES GRAY PHILP
SEARCHABLE	BIRTH-BIRTH SHORT	0.00	0.00		

Buttons: Add New, Edit, Refund/Adjustment, Delete, Void, Find Record, Print, Add DCN, Add Letter




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Fee Module – Remote Issuance

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FUNCTIONS ▾ RECORD ▾ REPORTS ▾ TOOLS ▾ HELP ▾

Request #: 000000000018 Request Date: 9/19/2018 Request Total Cost(\$): 0.00 Request Balance(\$): 0.00

NEW REQUEST

Remit Number: Work Queue: TEST MAN, MISTER, 09/19/2018

Please select Account Receivable

REQUESTOR INFORMATION

Request Type: * COUNTER Accounts Receivable: --Select a value--
Other:
First Name: MISTER Remit Number: *
Last Name: * TEST MAN Middle Name:
No Return Address Provided: ☐ Suffix: --SELECT A VALUE--
Address 1: * 4 THIS ADDRESS
State/Country: * TEXAS
Zip: * 77001
Email:
Requestor is Minor? ☐

IDENTITY INFORMATION

Form ID #1: * DMV ID CARD
Other Form ID #1:
Form ID #1 Info: * 19191919191
Form ID #2: * MILITARY ID
Other Form ID #2:
Form ID #2 Info: * 1919293494

Do you want to complete this request?
Yes No

Save Request

TRANSACTION INFORMATION

Status	Transaction	Amount(\$)	Adjusted Amount(\$)	SFN	Registrant's Name
PRINTED	BIRTH-BIRTH SHORT	0.00	0.00	0004052018	JAMES GRAY PHILP
SEARCHABLE	BIRTH-BIRTH SHORT	0.00	0.00		

Add New Edit Refund/Adjustment Delete Void Find Record Print Add DCN Add Letter

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TEXAS

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Fee Module – Remote Issuance

Fee Record Search

☒ Wildcard Search ☐ Soundex Search

BIRTH REQUESTED INFORMATION

Registrant First Name: JAMES
Registrant Middle Name:
Registrant Last Name: BOND
Registrant Suffix: --SELECT A VALUE--
Registrant Sex: --Select a value--
Registrant Date of Birth: 04/20/1965
Registrant County of Birth: --Select a value--
Registrant City of Birth: --Select a value--
SFN:
Mother First Name:
Mother Maiden Name:
Father Last Name: --Select a value--

Fee Registration

No records Found for given search criteria.

Suspend Complete Transaction Cancel

Search View Assign Clear Cancel

SEARCH INFORMATION

SFN	First Name	Middle Name	Last Name	Suffix	Sex	County of Event	Event Date	Mothe

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Summary

This presentation covered the following:

1. Fee Module

- a. Paper Inventory
- b. Fee Registration
 - i. Record Found
 - ii. Record Not Found



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Thank you

TxEVER Team